



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

RUSSIA

Russia exhibited relatively low levels of HIV/AIDS until the early 1990s. After 1996, the virus began to spread rapidly, primarily in urban areas among injecting drug users—a population estimated at 3 million people nationwide. By 1999, up to 90 percent of newly registered HIV cases occurred among injecting drug users.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	700,000
Total Population (2001)	144,664,000
Adult HIV Prevalence (end 2001)	0.9%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	15.3%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	—

Sources: UNAIDS, U.S. Census Bureau

Vast and diverse, Russia is still plagued by a deteriorating health system and a weak nongovernmental sector. By 2003, the Russian health authorities registered 229,049 laboratory-confirmed cases of HIV. However, the number of actual HIV/AIDS cases far exceeds the number of those registered. At the end of 2001, UNAIDS estimated that 700,000 Russian adults were living with HIV/AIDS, and the adult prevalence was 0.9 percent. The rate of growth in new HIV infections is among the highest in the world, and estimates suggest that adult prevalence will increase to between 4 percent and 5 percent by 2006. The World Bank estimates the cumulative number of HIV cases could be as high as 5.36 to 14.53 million cases by 2020.

The epidemic is expected to spread beyond the population of injecting drug users, and to continue affecting vulnerable and marginalized populations, including commercial sex workers and men who have sex with men, making it essential that these groups receive intensive education and prevention efforts. Young people are particularly at risk because the epidemic is on the brink of expanding into the general population. According to the Russian Federal AIDS Center, in 2002, 15- to 20-year-olds accounted for about 18 percent (men) and 25 percent (women) of cases; 20- to 30-year-olds accounted for 63 percent (men) and 58 percent (women).

The epidemic is starting to bridge the gap from at-risk populations to the general population through sexual contact. In 2001, women accounted for 24.1 percent of all HIV infections, and 33 percent in 2002. The number of infants born to HIV-positive mothers also grew from 1,139 in 2001 to 2,777 in 2002.



Map of Russia: PCL Map Collection, University of Texas

National Response

The Russian Federation began to develop a national AIDS program in the early 1990s, with collaboration from federal, territorial, and regional AIDS centers. However, no federal funds were allocated to the program until 1998. In recent years, Russia has shown greater readiness to confront the HIV/AIDS crisis, recognizing the need for more aggressive

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prevention measures and the potential role that nongovernmental organizations can play. Russia's federal HIV/AIDS program for 2002–2006 was adopted in 2002, and was allocated an estimated budget of \$6 million for the first year.

Official and unofficial discrimination and stigma characterized the early years of HIV/AIDS in Russia, where HIV incidence was largely associated with injecting drug use and prostitution. Because these activities are illegal, both the Russian authorities and the Russian public have often assumed that HIV/AIDS poses little risk to the population at large—a dangerous assumption that both promotes discrimination and places the health of all citizens at risk. A federal law making discrimination illegal was adopted in 1995. Although the law created a legal requirement for anonymous testing, pretest and post-test counseling, free medical care and drugs, and more and better public information about the virus, the lack of financial and human resources has limited its effectiveness.

A promising development is the Ministry of Health's recent decision to establish the joint advisory council of governmental agencies and nongovernmental organizations to direct a nationwide response to the HIV/AIDS epidemic.

USAID Support

The U.S. Agency for International Development (USAID) allocated \$3.6 million to Russia's HIV/AIDS activities in 2002, down somewhat from \$4.2 million in 2001, but up from \$1.7 million allocated in 2000. Since 2003, in addition to the existing budgetary issues, USAID annually allocates \$3 million.

The United States and Russia began collaboration to control the spread of HIV and other sexually transmitted infections in 1998, after a visit by high-ranking Russian AIDS experts to the United States. USAID, the Centers for Disease Control and Prevention, and Population Services International worked with the Ministry of Health to develop a multiyear strategy aimed at preventing HIV among vulnerable populations. USAID assistance since then has focused on improving service delivery to vulnerable populations, informing the national policy dialogue, and improving information dissemination systems. More recently, USAID has also emphasized increasing the organizational capacity of Russian nongovernmental organizations to spotlight HIV/AIDS activities.

A new strategy for 2002–2005 focuses on reducing the explosive growth in HIV/AIDS among injecting drug users and commercial sex workers and preventing its spread to the general population by adopting the lessons and best practices that have been learned in Africa, Western Europe, and North America. The new strategy continues to concentrate on the three demonstration regions—Moscow, Samara Oblast, and Saratov Oblast—which have a combined population of more than 20 million people and a combined geographic area larger than the United States east of the Mississippi. The strategy has the following main components:

Behavior change communication

Addressing behavior change among high-risk groups—injecting drug users, commercial sex workers, and men who have sex with men—is the most cost-effective strategy for containing the epidemic. Research suggests there is considerable overlap among these groups, and young people make up a sizable percentage, perhaps the majority, of each group. Reducing high-risk behavior among youth is therefore an important element in preventing an explosive growth of HIV transmission in the general population. This involves working with local agencies and Russian nongovernmental organizations to design and implement prevention messages, as well as the use of peer educators, print materials, radio, youth and other organizations, and telephone hotlines.

Sexually transmitted infection control

Because sexually transmitted infections facilitate sexual transmission of HIV, treatment and control programs for such infections, particularly for vulnerable populations, are essential to an effective HIV/AIDS strategy. Obstacles to treatment in Russia include inability of non-nationals to seek treatment in public clinics; inadequate systems of screening, diagnosis, and treatment; and inadequate treatment protocols.

USAID works with the Centers for Disease Control and Prevention and Russian specialists to address treatment protocols, but the issue of access to services for vulnerable populations remains urgent. USAID therefore will engage in policy dialogue with the federal government to identify and remove legal, regulatory, and procedural barriers that impede access to sexually transmitted infection services.

Voluntary counseling and testing

Although Russian law requires that HIV testing be accompanied by voluntary pretest and post-test counseling, in practice, tests are frequently involuntary and counseling services are minimal. Nongovernmental organizations and regional AIDS centers in particular recognize the need for quantitative and qualitative improvements, and USAID is collaborating to bring these about. The key components of USAID's voluntary counseling and testing strategy include: 1) working with the Ministry of Health to develop standards for voluntary counseling and testing and consistent follow-up protocols; 2) developing model voluntary counseling and testing services reaching at-risk youth in two locations that can then be replicated; and 3) developing outreach and referral activities to help at-risk youth identify where services are available, hours, telephone numbers, and assurances of confidentiality.

Data collection and use

The lack of data on the behavior of marginalized and vulnerable populations, as well as on the sexual networking and risk behaviors of the general population, limit the effectiveness of Russia's response. USAID works to improve the availability and usefulness of data by working with Russian agencies to increase and improve data collection; helping the Federal AIDS Center improve its capacity to design, analyze, and interpret data; and working with policy makers to integrate the data into research, programming, and policy development.

Capacity building

To expand the effects of lessons that were learned in pilot activities, USAID supports the development of partnerships between "mentor" nongovernmental organizations and others. Originally focused on partnerships between U.S. and Russian nongovernmental organizations, the program is being expanded to include greater reliance on Russia-to-Russia partnerships, increased attention to networking among nongovernmental organizations, and increased collaboration between nongovernmental organizations and various government agencies. At the same time, USAID will work with the Russian government to examine the policy, legal, and regulatory factors that constrain nongovernmental organizations from playing a larger role in addressing the country's HIV/AIDS epidemic.

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http://www.usaid.gov/pop_health/aids/Countries/eande/russia.html

U.S. Embassy Web site:
<http://www.usembassy.ru>

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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com

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